

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/585966						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/					51						
2			/				52						
3				/			53						
4					/		54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	/	↓	↓							
TOTAL DEP.			←	19	←	←							
TOTAL CLAIMS			80										